

My Name _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

I am the ☐ Victim of the crime being considered for expungement
☐ Attorney for the victim and my Utah Bar number is _____
☐ Prosecuting Attorney and my Utah Bar number is _____

In the ☐ District ☐ Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

In Re Petition to Expunge the Records of

Petitioner

☐ **Victim's Statement**

☐ **Prosecutor's Statement**

Case Number _____

Judge _____

Attach additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.

☐ By and through my attorney, (Attorney, check here if you are appearing for your client.)

I say as follows:

(Choose ☒ (1) if you want to waive your right to file an objection or recommendation.)

(1) ☐ I have received notice of the Petition to Expunge Records, and I waive my right to file an objection or recommendation.

(Choose ☒ (2) if you object and describe why you object.)

(2) ☐ I object to expunging the petitioner's records because:

(Choose ☒ (3) if you have a recommendation and then choose the box(es) that describe your recommendation.)

(3) ☐ I recommend that:

- ☐ The court should expunge the records.
- ☐ The court should not expunge the records.
- ☐ Other recommendation:

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date

Sign here ►

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this Statement by the ☐ Victim ☐ Prosecutor on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Prosecutor)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Victim)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		

Sign here ► _____

Date _____

Typed or Printed Name _____